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APPLICANTS

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** CONTINUING DATA *****
 This application is a CON of 09/879,263 06/11/2001 PAT 6,629,994

** FOREIGN APPLICATIONS *****
 None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Met after Allowance Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>	STATE OR COUNTRY CA	SHEETS DRAWING 15	TOTAL CLAIMS 3	INDEPENDENT CLAIMS 1
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Verified and Acknowledged

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TITLE
 Intravascular stent

FILING FEE	FEES: Authority has been given in Paper	<input type="checkbox"/> All Fees
RECEIVED	No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> 1.16 Fees (Filing)
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